



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street, P.O. Box 83720, Boise, ID 83720-0098

Phone: (208) 287-4800 Fax: (208) 287-6700 Web Site: www.idwr.idaho.gov.

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

July 13, 2005

GORDON C TITUS
BOX 601
MCCALL ID 83638

RE: PERMIT NO. 77-14141

Dear Mr. Titus:

Enclosed is a copy of the Proof of Beneficial Use form ("proof") you filed with the Department on August 31, 2004, the department cannot accept the original form without the appropriate license exam fee or a Beneficial Use Field Report done by a certified water right examiner. You were permitted a maximum diversion rate of 0.04 cfs from a surface water right, therefore, your license exam fee is \$50.00. Please see the enclosed fee schedule.

Please return the enclosed proof form along with the \$50.00 license exam fee to my attention on or before **August 1, 2005** to avoid lapsing of this water right. If you have any questions regarding filing the proof, please contact me at (208) 287-4942, or contact the regional office in Boise at (208) 334-2190.

Sincerely,

Deborah J. Gibson
Administrative Assistant
Water Allocation Bureau

Enclosure

c: IDWR- Region

Amt. of Fee \$: _____
Receipt No. _____
Receipt By: _____
Date Received: _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

PROOF OF BENEFICIAL USE

AUG 31 2004

DEPARTMENT OF
WATER RESOURCES

The Idaho Department of Water Resources considers this form a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner.

1. Permit No. 77-14141 Telephone No. 208-634-5695
2. Name of Permit Holder(s): Gordon C. Titus
3. Mailing Address: Box 601
City McCall State ID Zip 83638
4. Source of Water: Spring If **GROUNDWATER** (well), Date Drilled: mo. _____ / yr. _____
Well Driller: _____ Drilling Permit Number: _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): 1 Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: _____
6. Total rate of diversion and/or volume for which proof is submitted: .04 cfs OR _____ acre-feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device:	Is a measuring device required?	Yes _____	or	No <u>X</u>
	Has the measuring device been installed?	Yes _____	or	No _____
8. Fee Enclosed: \$ _____ (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Same as Above Telephone Number: _____
Address: _____
10. The information given on this form is my true statement of the extent to which the above numbered permit has been developed and water has been diverted. I agree to relinquish any undeveloped portion of the permit to the State of Idaho.
Signature of permit holder: Gordon C. Titus Owner Date: 8/27/04
(include your title, if on behalf of company or organization)